

## REISSUE PATENT APPLICATION TRANSMITTAL

17612 U.S. PTO  
10/16/3664  
07/12/03



## Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

Attorney Docket No.	990589RE/LH
First Named Inventor	Yoshihiro SHIMADA
Original Patent Number	6,255,646
Original Patent Issue Date (Month/Day/Year)	07/03/2001
Express Mail Label No.	EV 339 431 821 US

## APPLICATION FOR REISSUE OF:

(Check applicable box)

 Utility Patent Design Patent Plant Patent

## APPLICATION ELEMENTS (37 CFR 1.173)

- Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format (amended, if appropriate)
- Drawing(s) (proposed amendments, if appropriate)
- Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Power of Attorney
- Original U.S. Patent currently assigned?  Yes  No  
(If Yes, check applicable box(es))
  - Written Consent of all Assignees (PTO/SB/53)
  - 37 C.F.R. § 3.73(b) Statement  
(PTO/SB/98)
- CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
  - Computer Readable Form (CRF)
  - Specification Sequence Listing on:
    - CD-ROM (2 copies) or CD-R (2 copies); or
    - paper
  - Statements verifying identity of above copies

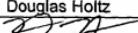
## ACCOMPANYING APPLICATION PARTS

- Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
- Original U.S. Patent for surrender
- Ribboned Original Patent Grant  
 Statement of Loss (PTO/SB/55)
- Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
- Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
- English Translation of Reissue Oath/Declaration  
(if applicable)
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- Other: Change of Correspondence  
Address Application  
(Form PTO/SB/122)

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NAME (Print/Type)	Douglas Holtz	Registration No. (Attorney/Agent)	33,902
Signature			
	Date 07/02/2003		

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Date of Deposit: July 2, 2003

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450

Ian T. Volek

16112  
07/02/03

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100-027044  
07/02/03

## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

Claims as Filed - Part 1				Small Entity				Other than a Small Entity				
Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Rate	Fee	Rate	Fee	Rate	Fee	Rate	Fee		
(A) 6	Total Claims (37 CFR 1.16(j))	(B) 10	**** 0	= x\$ ____ =	or	x\$ ____ =	17-1204-01	x\$ ____ =	17-1204-01	x\$ ____ =		
(C) 1	Independent claims (37 CFR 1.16(j))	(D) 2	* 0	= x\$ ____ =								
				Basic Fee (37 CFR 1.16(h)) \$					\$750.00			
				Total Filing Fee \$					OR \$750.00			
Claims as Amended - Part 2												
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity					
					Rate	Fee	Rate	Fee	Rate	Fee		
Total Claims (37 CFR 1.16(j))	***	MINUS **	*	= x\$ ____ =	x\$ ____ =	x\$ ____ =	OR	\$				
Independent Claims (37 CFR 1.16(j))	***	MINUS ****	=	= x\$ ____ =								
				Total Additional Fee \$								

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1378  
A duplicate copy of this sheet is enclosed. A check in the amount of \$750.00 to cover the filing / additional fee is enclosed. \*Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

July 2, 2003

Date



Signature of Applicant, Attorney or Agent of Record

Douglas Holtz

Typed or printed name

Please type a plus sign (+) inside this box → (+)

Approved for use through 10/31/2002. OMB 0651-0035

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**CHANGE OF  
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**Address to:**  
**Commissioner for Patents**  
**Washington, D.C. 20231**

Application Number	Reissue of USP 6,255,646
Filing Date	Concurrently Herewith
First Named Inventor	Yoshihiro Shimada
Group Art Unit	
Examiner Name	
Attorney Docket Number	990589RE/LH

Please change the Correspondence Address for the above-identified application to:

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I am the:

### 1.1 Applicant/Inventor-

1.1 Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Attorney or Agent of record.

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_.

Typed or Printed Name	Douglas Holtz, Reg. No. 33,902
Signature	
Date	July 2, 2003

2020-01-01 10:00:00

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